

Aerial Lift Operator Certification Renewal

Employee Name:		Organization:
Aerial Lift Vertical MSFC No.:	Aerial Lift Boom MSFC No.:	Aerial Lift Bucket MSFC No.:
Section 1 – Training Answer the following questions to determine if refresher training is required. Since last certification has: • Employee regularly operated the aerial lift? Yes □ No □ • Employee consistently operated aerial lift safely with no accidents or close calls? Yes □ No □ • Workplace conditions where employee operates the aerial lift remained the same? Yes □ No □ • Model of aerial lift being operated remained the same? Yes □ No □		
☐ If you answered "Yes" to all questions, retraining is not required, go to Section 2.		
☐ If you answered "No" to any of these questions, retraining is required. Proof of employee completing SMA-SAFE-NSTC-0030, "Aerial Platform," SHE 509 "Equivalent Aerial Lift Training," or equivalent is attached.		
Section 2 – Proficiency Evaluation An evaluation of the aerial lift operator's performance is required. This evaluation may be performed by one of the approved certified examiners listed in CERTRAK, by a qualified supervisor, or lead.		
☐ Approved Certified Examiner – the employee's proficiency exam is attached. (A NASA examiner can be scheduled by calling the Industrial Safety Branch at 544-0046).		
OR Qualified Supervisor or Lead – I am or have been certified for four or more years on a similar model aerial lift and have the knowledge and ability to perform the evaluation. My certification was documented in CERTRAK or other proof is attached. The employee's proficiency exam is attached.		
Print Name	Org. Code:	Date:
Signature		
Section 3 – Medical A current medical exam is required.		
☐ Approved medical exam results are attach	ned.	
Section 4 – Supervisor/Lead Concurrence I concur with this evaluation and believe this employee is competent to operate the aerial lift safely.		
Print Name	Org. Code:	Date:
Signature		

MSFC Form 4572 (May 2011) Previous Versions Obsolete